MO Title V Maternal Child Health Block Grant
FFY 2023 Application/Report Executive Summary

Program Overview

The Title V MCH Program in Missouri is managed by the Department of Health and Senior Services (DHSS), Division of Community and Public Health (DCPH). Martha J. Smith, MSN, RN, is the Maternal Child Health (MCH) Director and Lisa Crandall, BSW, is the Title V Children with Special Health Care Needs (CSHCN) Director. The Title V MCH Services Block Grant application is submitted by the DHSS as the designated state agency for the allocation and administration of these block grant funds. DHSS Title V MCH staff and programming are positioned throughout multiple divisions, sections, and bureaus. DCPH serves as the umbrella agency that facilitates access to numerous MCH-targeted programs and provides a majority of the services to the MCH populations. The capacity of Missouri's Title V MCH Program is large, encompassing DHSS staff, local public health agencies (LPHAs), and numerous private and community partners. It is through these programs, initiatives, and partnerships that a statewide system is supported to meet the needs of the MCH population. In 2020, estimates for Missouri's MCH population, including women of childbearing age, infants, children, and adolescents, was 3,516,166, comprising 57.2% of the state's total population. This included 2,379,451 women of childbearing age (15-44), 1,525,142 infants, children, and adolescents (<1 to 19), 288,780 of which were CYSHCN in the 2019-2020 period.

Based on the Five Year Needs Assessment completed in the spring of 2020, the Missouri Title V MCH Program identified the following FY2021-2025 state priorities and developed strategies / action plans to address these needs:

1. Improve pre-conception, prenatal and postpartum health care services for women of childbearing age.
2. Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
3. Reduce obesity among children and adolescents.
4. Reduce intentional and unintentional injuries among children and adolescents.
5. Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs.
6. Enhance access to oral health care services for children.
7. Promote Protective Factors for youth and families.
8. Address Social Determinants of Health inequities.

Five National Performance Measures (NPMs) and three State Performance Measures (SPMs) were chosen to align with the priority needs and are discussed below by population domain. Overall, Missouri retained six performance measures from the previous cycle and added two new measures. Progress will be monitored by tracking

these performance measures. The needs assessment also identified two overarching principles to be applied across all priorities, performance measures, and strategies. These are to ensure access to care, including adequate insurance coverage, for MCH populations and to promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities.

Title V MCH resources are assigned and program activities are implemented to specifically address the identified priorities. Both budgeted dollars and expenditures are categorized and tracked by population served and across the three service levels in the MCH Pyramid: direct health care services, enabling services, and public health services and systems. Both State and Federal MCH funding help sustain the following programming:

- Community Health Services (injury prevention, adolescent and school health)
- Environmental Health (childhood lead poisoning prevention)
- Epidemiology (vital statistics, analytics, surveillance systems)
- Healthy Children and Families (home visiting, newborn health, TEL-LINK, safe cribs, MCH WarmLine, MCH Navigators)
- Genetics (newborn screening)
- Early Childhood (developmental monitoring, child care health consultation, inclusion services, parent advisory council (PAC))
- Oral Health (preventive services, community outreach)
- Special Health Care Needs (family partnership, care coordination, assistive technology)
- Women's Health (MCH services, infant & maternal mortality, maternal substance use and mental health, health services for incarcerated women)
- Nutrition & physical activity (breastfeeding, obesity prevention)
- Crosscutting (immunizations, communicable disease prevention, health equity)

<u>Women/Maternal Health</u>
Priority: Improve pre-conception, prenatal and postpartum health care services for women of childbearing age.
NPM: Percent of women, ages 18 through 44, with a preventive medical visit in the past year

The health and wellbeing of the mother before, during, and after pregnancy is important not only for the woman but also for the newborn. Women who maintain a healthy lifestyle during the preconception period are less likely to experience adverse pregnancy and obstetric outcomes and are more likely to experience better health postnatally and across the life span. According to data from the 2020 Behavioral Risk Factor Surveillance System (BRFSS), 72.5% of Missouri women between 18-44 years of age reported having a preventive health care visit within the past year. This was higher than the 2020 national prevalence of 71.3%. In Missouri, a higher percentage of insured women (77.7%) compared to uninsured women (49.5%) received a preventive visit in 2020. The Missouri Title V MCH Program funds efforts to improve access to preventive health care

for women, including: TEL-LINK which provides referrals to care for women of childbearing age and their families; the Newborn Health Program which partners with community providers to educate the MCH population on health resources (including preventive care); the Home Visiting Program which facilitates enrollment in MO HealthNet and/or ACA marketplace insurance programs for participants; and MCH contracts with the LPHAs to build community-based systems and expand the resources those systems can use to respond to priority MCH issues, including providing and assuring mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services.

Perinatal/Infant Health

Priority: Promote safe sleep practices among newborns to reduce sleep-related infant deaths.

NPM: A) Percent of infants placed to sleep on their backs.

B) Percent of infants placed to sleep on a separate approved sleep surface.

C) Percent of infants placed to sleep without soft objects or loose bedding.

Deaths due to suffocation, congenital anomalies, and Sudden Infant Death Syndrome (SIDS) are the most significant single causes of postneonatal death. Missouri's rate of infant death related to, SIDS, respiratory distress of the newborn and external causes of mortality in 2020 was over one and half times greater than the national rate (82.1 per 100,000 live births US vs 139.6 per 100,000 live births MO). Mothers with less education, lower household income, who are African-American, or who live in rural counties, are significantly less likely to follow safe sleep recommendations. Safe sleep continues to be a priority for Missouri's Title V MCH Program, which is a primary resource for the Safe Cribs for Missouri Program, providing safe sleep education and free cribs to eligible families. Title V MCH Home Visiting Program participants also receive intensive education on safe sleep for their infants. Title V MCH provides supplemental funds to support operations of the PRAMS survey, which monitors safe sleep practices in the state, and supports printing and distribution of the *Pregnancy and Beyond* book, which includes information on safe sleep and infant care. The MCH Services Program contracts with LPHAs to promote safe sleep practices.

Child Health

Priority: Reduce obesity among children and adolescents.

NPM: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.

Priority: Enhance access to oral health care services for children.

SPM: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.

In Missouri, 17% of WIC-enrolled two-to-four year olds were overweight, and an additional 14% were obese. Among older children, aged 10-17, 11.7% of Missouri youths were overweight and 16.9% were obese in 2019-2020. Overweight and obesity were more frequent among 10-13 year olds than among high-school-aged youth.

Physical activity levels decline as children get older; while 31.2% of 6-11 year-old children were physically active every day, only 17.6% of 12-17 year-olds were.

High levels of physical activity in early childhood are predictors of continued physical activities as children age into young adulthood, underscoring the importance of establishing healthy physical habits in youth. The School Health Program supports school nurses to engage with students and families in addressing overweight/obesity in children. The MCH Services Program contracts with LPHAs to promote physical activity and prevent and reduce obesity among children and adolescents, and the Building Communities for Better Health LPHA contract implements policy and environmental changes that increase opportunities for children to engage in physical activity across multiple settings.

According to National Survey of Children's Health (NSCH) 2019-2020 data, 77.5% of children ages 1-17 years old nationally had a preventive dental visit in the last year. This was a greater percentage than in Missouri (72.5%). A lower percentage of Missouri children age 1-5 years old (49.6%) had a preventive dental visit than their national counterparts (57.9%). This age group also had a lower percentage than Missouri children age 6-11 years old (82.2%) and 12-17 years old (81.7%). 14.8% of Missouri children age 6-11 years had some degree of tooth decay. Title V MCH supports the Office of Dental Health, which promotes cavity prevention and oral health to schoolchildren through literature and programs including providing fluoride varnish at schools statewide.

Adolescent Health

Priority: Reduce intentional and unintentional injuries among children and adolescents.
NPM: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Priority: Promote Protective Factors for youth and families.
SPM: Suicide & self-harm rate among youth ages 10 through 19.

Intentional and unintentional injury continue to be the leading cause of preventable death and hospitalization among Missouri's children. Missouri continues to report higher rates of injury related death and hospitalization than the national average. In 2020, the leading cause of death for youths aged 10-19 was unintentional injuries. Suicide among Missouri adolescents between the ages of 10-19 is the second leading cause of death for this age group (6.8 per 100,000). In 2020, 53 Missourians aged 10-19 died of suicide, making up approximately 5% of all suicides that year. Improving resiliency and mental health among children and youth of all ages will impact suicide and risk-taking behavior. Safe Kids Coalitions in Missouri work to provide unintentional injury prevention services to children aged 0-19 years, including addressing teen driver safety. The Adolescent Health Program (AHP) focuses on Social-Emotional Learning, and the Injury Prevention Program, in partnership with the AHP, provides a Mental Health Crisis Toolkit for families with youth experiencing a mental health crisis. The MCH Services Program contracts with LPHAs to prevent intentional and unintentional injuries, prevent

child abuse and neglect, and promote motor vehicle, water, bicycle, and other general safety among children and adolescents. LPHAs also promote protective factors for youth and families to prevent adolescent suicide and self-harm.

Children and Youth with Special Health Care Needs (CYSHCN)
Priority: Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs.
NPM: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

In 2019-2020, 51.9% of Missouri CYSHCN received care through a system that met medical home criteria, a rate greater than that of children and youth without a special health care need (48.5%). Among CYSHCN in Missouri, 47.5% of those with more complex health needs received care that met medical home criteria. Data from the 2019-2020 NSCH showed, among children without special health care needs nationally, 47.9% received care through a medical home, compared with 48.5% in Missouri. This rate is below the HP2030 target of 53.6%. The Bureau of SHCN provides targeted education to enrolling families on the importance of a medical home. Additionally, Title V MCH Programs promote health insurance coverage to improve the likelihood that all children will have a medical home and services to address their needs.

Cross-Cutting/Systems Building
Priority: Address Social Determinants of Health inequities.
SPM: Percent of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Social Justice trainings.

Qualitative and quantitative data indicate that Missouri continues to experience areas of concern, particularly surrounding outcome disparities in maternal and child health. These include racial disparities, economic disparities, and geographic disparities. Title V MCH core team members identify workforce development training on MCH fundamentals, health equity, cultural competence, and social justice to provide foundational skills in the field of maternal and child health. Activities to address the social determinants of health inequities include reviewing training resources, such as the MCH Navigator trainings and MCH Leadership Competencies, establishing core training requirements for internal Title V MCH funded programs/staff and external contractors, and ongoing development of a MCH Training Plan.

How Federal Title V Funds Support State MCH Efforts

Federal Title V funds provide backbone funding for approximately 125 key staff positions in MCH programs across the Department of Health and Senior Services and the Office of Childhood in the Department of Elementary and Secondary Education. This includes staff who serve children and youth with special health care needs (CYSHCN), such as the Family Partners; epidemiological staff who analyze data to identify priority health needs of the maternal/child population; and staff who focus on women's, newborn, children's, and/or adolescent's health. Staff also provide technical

assistance to community partners, such as Safe Kids coalitions and the 115 Local Public Health Agencies (LPHAs). Contract funding to LPHAs comprises almost thirty percent of federal funds to help build community-based systems and expand the resources those systems can use to respond to priority maternal child health issues. The bulk of remaining contract funds are dispersed for home visiting, service coordination for CYSHCN, early childhood, and dental health contracts. The majority of state match supports newborn screening testing by the State Public Health Lab, newborn screening follow-up, and direct care for CYSHCN. State funds also support women's health services for incarcerated women and the Sexual Assault Forensic Examination – Child Abuse Resource and Education program. Federal Title V funds allow Missouri to coordinate public health services provided to the maternal child population by working across multiple state programs, engaging community partners and families, and collaborating with public health stakeholders throughout the state to address both ongoing and emerging issues.

MCH Success Story

The Family Partnership Program in the Division of Senior and Disability Services (DSDS) Bureau of Special Health Care Needs (SHCN) strives to enhance the lives of children and families impacted by special health care needs by reassuring families that they are not alone and providing resources and information to empower families to advocate for the best health care and quality of life for their child. The Southwest Family Partner serves as a family advocate for the Pediatric Palliative Care (PPC) Task Force through the National Coalition for Hospice and Palliative Care, also serving on the Needs Assessment work group, which includes professionals as well as families who have gone through the process of losing a child. The Task Force focuses on identifying priorities, setting strategies, and coordinating with organizations to route resources, and the purpose of the work group is to make sure families have access to quality PPC and hospice services no matter where they live. Serving on this work group allowed the Family Partner access to resources to help families locate PPC providers in Missouri, better identify needs and respond to requests of individual families, direct families to palliative care teams and hospice providers in their area, and walk through the process of what to expect and the decisions that will need to be made by the family based on their personal requests. Making these important decisions ahead of time gives the family more time to spend with their child, as less time is required away from their child during the time when they are in the process of telling their child good-bye.

While the COVID-19 pandemic resulted in many negative impacts on the lives of mothers, children and families, the Family Partnership Program continued to positively impact children and youth with special health care needs and their families. The shift to virtual engagement options allowed a greater geographic reach, especially for those living in rural Missouri. The Southeast Family Partner attended approximately 30 virtual webinars and trainings on various topics such as social determinants of health, medical home, and COVID-19 specific topics, which helped prepare her for a major career success. The Family Partner received a referral for a mother who needed a tracheostomy tube for her son who was on full life support. The tubes had been on back order for over four months due to nationwide shortages, and the only tracheostomy tube

remaining was the one the child was currently using. They were also out of other supplies such as ties and gauze. The Family Partner had multiple conversations with the mom, who had exhausted all available resources. The Family Partner was able to utilize skills acquired as a mother whose son used to have a tracheostomy tube and use a ventilator and from the virtual trainings she had attended throughout the year to provide compassion and emotional support to the mom. She put the mom in contact with a company that was able to meet all of the supply needs within two days.

Four Family Partner positons and Missouri's Family Partnership Program, including the annual Family Partnership Parent and Caregiver Retreat, are supported by Title V MCH Block Grant funding. The success of the Family Partnership Program and Family Partners in *building a network of support for families of children and youth with special health care needs* demonstrates the value of the partnership between Title V MCH and the Family Partnership and is an example of Missouri's cross-cutting efforts to build family-centered, community-based systems of coordinated care for children and youth with special health care needs.